



## Appendix E

### Additional Detail – Alignment with Other Massachusetts Agencies and Initiatives

Collaboration among state agencies and program groups is essential to achieve the desired outcomes and ensure sustainability of the Maternal, Infant, and Early Childhood Home Visiting Program. The partnerships formed through the creation of the Home Visiting Needs Assessment Task Force and Work Group reflect the diversity of maternal, infant, and child health programming throughout the Commonwealth and they have informed the alignment of the Home Visiting Needs Assessment with other state programs and priorities at the following agencies:

- Department of Children and Families (DCF) – Family Violence Prevention & Services Act
- Department of Mental Health (DMH)
- Department of Early Education and Care (EEC) – Part B Section 619
- Head Start
- Department of Public Health, Bureau of Substance Abuse Service (BSAS), Title V, MECCS, & IDEA Part C/Early Intervention
- Children’s Trust Fund (CTF), Title II of CAPTA
- Executive Office of Public Safety & Security (EOPSS) – STOP Violence Against Women Act

#### **Department of Children and Families (DCF) – Family Violence Prevention & Services Act**

*Source:* Massachusetts Child and Family Services Review Program Improvement Plan, Updated October 5, 2009 <http://www.mass.gov/dcf>.

##### *Mission:*

The Department of Children and Families (DCF) is the Massachusetts state agency responsible for protecting children from child abuse and neglect. DCF’s vision is to ensure the safety of children in a manner that holds the best hope of nurturing a sustained, resilient network of relationships to support children’s growth and development into adulthood. DCF is committed to protecting children and strengthening families. When children are abused or neglected by the people responsible for caring for them, DCF will intervene to ensure the safety of the children.

##### *Home Visiting Needs Assessment Alignment:*

DCF developed *The Massachusetts Program Improvement Plan*, which builds upon previous agency planning efforts and successes to promote engagement with families, as well as internal and external organizational efforts. DCF has identified *Agency Commitments*, consisting of five goals, to form the foundation of their work. They are committed to:

1. Safety
2. Permanency
3. Well-being
4. Community-connected
5. Effective leadership

DCF prioritizes safely stabilizing and preserving families, followed by safely reunifying families if that is not possible, and failing those two priorities, safely creating new families. With an emphasis on child and family safety, DCF displays clear alignment with four of the eight Home Visiting Needs Assessment outcome domains: 2) Improvements in child health, 4) Prevention of child injuries and maltreatment, 6) Reductions in crime or domestic violence, and 8) Improvements in coordination of referrals for other

community resources and supports. In *The Massachusetts Program Improvement Plan*, DCF developed both primary strategies and goals, which are aligned with the Home Visiting Needs Assessment Outcome Domains in the table below.

*Family Violence Prevention and Services Act:*

DCF is the recipient of the Family Violence Prevention and Services Act (FVPSA) funding. The FVPSA funding has assisted DCF in building a framework to create family-centered approaches to its work with families when domestic violence is identified. DCF is committed to and has worked extensively with both its own staff and the larger community around domestic violence concerns. The goal of the family-centered framework implemented in DCF's domestic violence practice is to accurately assess and appropriately respond to children and their families impacted by domestic violence. DCF is committed to working within the home visiting initiative and socio-ecological framework that emphasizes that (1) children develop within families, families exist within a community, and the community is surrounded by the larger society and (2) systems interact with and influence each other to either decrease or increase risk factors or protective factors that affect a range of health and social outcomes.

Home Visiting Needs Assessment Outcome Domains	DCF Primary Strategies	DCF Goal
2. Improvements in child health	Improve the stability of children and families	<ul style="list-style-type: none"> <li>• Safely stabilize and preserve families</li> <li>• Stable and appropriate placements</li> <li>• Decrease reliance on restrictive levels of out of home placement</li> <li>• Reduce repeat maltreatment</li> </ul>
4. Prevention of child injuries and maltreatment	Strengthen “front door” through implementation of extended screening and differential response	<ul style="list-style-type: none"> <li>• Children and families will be free from risk of harm</li> <li>• Safely stabilize and preserve families</li> <li>• Reduce repeat maltreatment</li> </ul>
6. Reductions in crime or domestic violence	Strengthen “front door” through implementation of extended screening and differential response	<ul style="list-style-type: none"> <li>• Children and families will be free from risk of harm</li> <li>• Safely stabilize and preserve families</li> <li>• Reduce repeat maltreatment</li> </ul>
8. Improvements in coordination of referrals for other community resources and supports	Strengthen system of care/develop strategies to improve well-being	<ul style="list-style-type: none"> <li>• Children and families will have access to needed services, including medical and mental health services</li> <li>• Reduce repeat maltreatment</li> </ul>

**Department of Mental Health (DMH)**

*Source:* Department of Mental Health SFY11 State Plan Update, <http://www.mass.gov/dmh>

*Mission:*

The Department of Mental Health (DMH), as the State Mental Health Authority, assures and provides access to services and supports to meet the mental health needs of individuals of all ages, enabling them to live, work and participate in their communities. DMH establishes standards to ensure effective and culturally competent care to promote recovery. The Department sets policy, promotes self-determination, protects human rights, and supports mental health training and research. This critical mission is accomplished by working in partnership with other state agencies, individuals, families, providers and communities.

*Home Visiting Needs Assessment Alignment:*

DMH priorities, as outlined in their SFY11 State Plan Update, align with the Home Visiting Needs Assessment across five of the eight outcome domains: 3) Improvements in child development and school readiness, 5) Improvements in parenting skills, 6) Reductions in crime or domestic violence, 7) Improvements in family economic self-sufficiency, and 8) Improvements in coordination of referrals for other community resources and supports.

Notably, the implementation of the Children's Behavioral Health Initiative (CBHI), a MA Executive Office of Health and Human Services interagency effort to implement the legislation entitled, An Act Improving and Expanding Behavioral Health Services for Children in the Commonwealth, demonstrates a commitment to child development through collaboration with multiple agencies throughout the Commonwealth, including MassHealth, the state Medicaid program, Department of Youth Services, Department of Children and Families, and the Department of Public Health. This legislation mandates comprehensive mental health services for children and adolescents enrolled in MassHealth. Through this initiative, *Four New Freedom Commission's* goals are being addressed:

1. Mental Health Care is Consumer and Family Driven
2. Disparities in Mental Health Services are Eliminated
3. Early Mental Health Screening, Assessment and Referral to Services are Common Practice
4. Excellent Mental Health Care is Delivered and Research is Accelerated

DMH is further engaged in interagency activities to promote the mental health of young children. DMH is collaborating with DPH's SAMSHA Funded Project LAUNCH, which promotes the wellness of young children from birth to 8 years of age by addressing the physical, emotional, social, cognitive and behavioral aspects of development.

DMH's commitment to promoting children's mental health development through different paths and across a variety of program initiatives demonstrates alignment with the Home Visiting Needs Assessment. Below, DMH's Goals and Performance Indicators are aligned with the Home Visiting Needs Assessment Outcome Domains:

Home Visiting Needs Assessment Outcome Domains	DMH Goal	DMH Performance Indicator
3. Improvements in child development and school readiness	<ul style="list-style-type: none"> <li>• Increase the likelihood that child and adolescent clients return to and stay in school</li> <li>• Increase social connectedness of DMH child and adolescent clients</li> <li>• Improve level of functioning of DMH child and adolescent clients</li> </ul>	<ul style="list-style-type: none"> <li>• Child-Return to/Stay in school (Percentage)</li> <li>• Child-Increased Social Supports/Social Connectedness (Percentage)</li> <li>• Child-Improved Level of Functioning (Percentage)</li> </ul>
5. Improvements in parenting skills	<ul style="list-style-type: none"> <li>• Provide timely interventions to parents with mental illness in order to protect and promote the mental health of their children</li> </ul>	<ul style="list-style-type: none"> <li>• Parents with Mental Illness</li> </ul>
6. Reductions in crime or domestic violence	<ul style="list-style-type: none"> <li>• Decrease the involvement of DMH child and adolescent clients in the juvenile justice system</li> <li>• Increase the percentage of DMH clients who are not involved in the criminal justice system</li> </ul>	<ul style="list-style-type: none"> <li>• Child-Decreased Criminal Justice Involvement (Percentage)</li> <li>• Adult-Decreased Criminal Justice Involvement (Percentage)</li> </ul>
7. Improvements in family economic self-sufficiency	<ul style="list-style-type: none"> <li>• Increase stability in housing for DMH children and adolescent</li> </ul>	<ul style="list-style-type: none"> <li>• Child-Increase Stability in Housing (Percentage)</li> </ul>

Home Visiting Needs Assessment Outcome Domains	DMH Goal	DMH Performance Indicator
	clients <ul style="list-style-type: none"> <li>Increase the percentage of DMH adult clients who are employed</li> </ul>	<ul style="list-style-type: none"> <li>Adult-Increase/Retained Employment (Percentage)</li> </ul>
8. Improvements in coordination of referrals for other community resources and supports	Refer to Alignment paragraph above	Refer to Alignment paragraph above

## Department of Early Education and Care (EEC) – Part B Section 169

*Source:* Department of Early Education and Care Strategic Plan: Putting Children and Families First, February 2009, <http://www.mass.gov/eec>

### *Mission:*

The Massachusetts Department of Early Education and Care (EEC) is within the Executive Office of Education and supports Governor Patrick’s Education Action Agenda, a vision for public education that starts at birth and continues through workforce participation and lifelong learning. The mission of EEC is to provide “the foundation that supports all children in their development as lifelong learners and contributing members of the community, and supports families in their essential work as parents and caregivers.” EEC prioritizes both access to early education and care as well the quality of that education and care.

### *Home Visiting Needs Assessment Alignment:*

EEC’s strategic plan, as outlined in their Practical Five-Year Vision, aligns with the Home Visiting Needs Assessment across three of eight outcome domain areas: 3) Improvements in child development and school readiness, 5) Improvements in parenting skills, and 8) Improvements in coordination of referrals for other community resources and supports. With a primary focus on early childhood education and school readiness, EEC also recognizes that child development and success depends on family support and involvement. As such, integrating families deeply into their child’s education and care is a key component of EEC’s strategic plan. Furthermore, EEC highlights developing both internal and external communication among families and systems to achieve its goals. In addition to the broader perspective of the Practical Five-Year Vision, EEC has developed five specific Three Year Strategic Directions as well as Indicators of Success for each of these Strategic Directions. The alignment of these priorities with the Home Visiting Needs Assessments outcome domains is listed in the table below:

Home Visiting Needs Assessment Outcome Domains	EEC’s Practical Five-Year Vision	Three Year Strategic Directions	Indicators of Success
3. Improvements in child development and school readiness	All preschool children have access to high quality pre-kindergarten programs that meet family needs	Create and implement a system to improve and support quality statewide	Massachusetts has standards for quality in early education and care programs that are research-based, broadly understood, successfully implemented, culturally appropriate, and aligned with a quality-building support system

<b>Home Visiting Needs Assessment Outcome Domains</b>	<b>EEC's Practical Five-Year Vision</b>	<b>Three Year Strategic Directions</b>	<b>Indicators of Success</b>
5. Improvements in parenting skills	Families are engaged as partners integral to the healthy development and learning of their children, and they have access to the necessary resources to do so	Increase and promote family support, access and affordability	<ul style="list-style-type: none"> <li>Families are recognized as full partners in the education of their children and are empowered to be involved with the physical, social, emotional and intellectual development of their children.</li> <li>Families are informed about child development and aware of family support resources</li> </ul>
8. Improvements in coordination of referrals for other community resources and supports	Children and families experience seamless transitions throughout their early learning and later developmental experiences	Create and implement a system to improve and support quality statewide	All families experience seamless transitions throughout their child's early learning and developmental experiences

## Head Start

*Source:* Massachusetts Department of Early Education and Care: State Advisory Council Draft Strategic Report (April 2010) and Head Start-State Collaboration Office (HSSCO) Strategic Plan FY 10-11 (draft), <http://www.mass.gov/eec> & <http://www.massheadstart.org>.

### *Mission:*

The mission of the Massachusetts Head Start Association is to provide “a dynamic, collaborative process through which Head Start programs advocate for excellence, form partnerships with the community at large, share information, and support one another, thus providing leadership and opportunities to impact services to families.”

Head Start is an early childhood program that is available at no cost to eligible, low-income pregnant women and children from birth to age five and their families. The program delivers two generational services to promote:

- Economic self-sufficiency through individualized family support services, and
- Children's school readiness through comprehensive services centered on children's social-emotional, physical health and educational development, including health screening, nutritional counseling and safety education

### *Home Visiting Needs Assessment Alignment:*

Head Start is guided by three principles: 1) Comprehensive Services, 2) Parent Engagement, and 3) Building Community. In a draft of the Strategic Plan for FY2010-2011, the Head Start-State Collaboration Office focuses on 1) Quality, 2) Family Support/Access/Affordability, 3) Workforce Development, 4) Communications, and 5) Infrastructure. Through this lens and its overall mission, Head Start aligns with the Home Visiting Needs Assessment Outcome Domains primarily through promoting healthy child development and school readiness as well as improving economic self-sufficiency through its two-generational approach.

While primarily focusing on these two priorities, Head Start also strives to promote other outcomes shared by the Home Visiting Needs Assessment, such as improving maternal, infant, and child health, and improving parenting skills. Head Start's draft Strategic Plan emphasizes both external and internal communications. The table below maps elements of the draft Strategic Plan and Outcome directions to four of the eight Home Visiting Needs Assessment Outcome Domains: 3) Improvements in child development and school readiness, 5) Improvements in parenting skills, 7) Improvements in family economic self-sufficiency, and 8) Improvements in coordination of referrals for other community resources and supports.

Home Visiting Needs Assessment Outcome Domains	Head Start Strategic Plan Directions	Outcome Directions
3. Improvements in child development and school readiness	Quality	<ul style="list-style-type: none"> <li>Homelessness (Support ESE's work with local public schools and Head Start programs)</li> <li>Increase Access to Services for families with Limited English Proficiency</li> </ul>
5. Improvements in parenting skills	Family Support/Access/Affordability	<ul style="list-style-type: none"> <li>Parent involvement (Support Participation of Parents at EEC meetings/events)</li> </ul>
7. Improvements in family economic self-sufficiency	Family Support/Access/Affordability	<ul style="list-style-type: none"> <li>Supportive child care (Supportive Expansion: Immediate Need to eliminate DCF waitlist)</li> </ul>
8. Improvements in coordination of referrals for other community resources and supports	Communications	<ul style="list-style-type: none"> <li>Increase awareness of Head Start Programs in MA (Include articles in newsletter, update website and brochures, visit Head Start sites in MA)</li> </ul>

### **Department of Public Health (DPH), Bureau of Substance Abuse Services (BSAS) – Single State Agency for Substance Abuse Services**

*Source:* Commonwealth of Massachusetts Substance Abuse Strategic Plan Update: FY 2010-FY 2015, <http://www.mass.gov/dph/bsas>.

#### *Mission:*

Led by the Department of Public Health's (DPH) Bureau of Substance Abuse Services (BSAS) along with the Governor's Interagency Council on Substance Abuse and Prevention (ICSAP), the Commonwealth's Strategic Plan on Substance Abuse was updated for FY2010-FY2015. The goal of ICSAP is to support DPH to fulfill its statutory mandate as the single state agency to supervise, coordinate and establish standards for the operation of substance abuse prevention and treatment services.

BSAS oversees substance abuse, gambling prevention, and treatment services in the Commonwealth. Housed within DPH, the responsibilities of BSAS include licensing programs and counselors, funding and monitoring prevention and treatment services, providing access to treatment for the poor and uninsured, developing and implementing policies and programs, and tracking substance abuse trends.

#### *Home Visiting Needs Assessment Alignment:*

The Substance Abuse Strategic Plan is based on the key principles of understanding substance abuse as a chronic condition, ensuring access to evidence-based care, and collaborating with other agencies and programs to guarantee success. The Substance Abuse Strategic Plan demonstrates alignment with the

Home Visiting Needs Assessment Outcome Domains of: 1) Improvements in maternal and infant health, and 8) Improvements in coordination of referrals for other community resources and supports. While not directly aligned, the effects of improving maternal and infant health, through the focus area of substance abuse, will impact other domains such as preventing child injuries and maltreatment as well as reducing crime and domestic violence. The table below displays how the Substance Abuse Strategic Plans Focus Areas, Strategies, and Implementation Steps align with the Home Visiting Needs Assessment Outcome Domains.

<b>Home Visiting Needs Assessment Outcome Domains</b>	<b>SA Focus Area</b>	<b>Strategy</b>	<b>Implementation Steps</b>
1. Improvements in maternal and infant health	<ul style="list-style-type: none"> <li>• Maximize interagency collaboration</li> <li>• Improve Access to Substance Abuse Screening and Treatment Services</li> <li>• Improve the performance of all components of the substance abuse system</li> <li>• Increase the capacity of communities and other service systems to prevent substance abuse while strengthening linkages to needed services</li> </ul>	<ul style="list-style-type: none"> <li>• In collaboration with the Family Recovery Collaborative, continue to improve services to parents and families involved in the child welfare system.</li> <li>• Increase availability of information on substance use and abuse, self-care and treatment options for all stakeholders</li> <li>• Assess, redesign and re-procure the adult and youth outpatient systems to improve community supports for recovery</li> <li>• Enhance linkages between prevention efforts and primary care, other human service systems and the substance abuse treatment system</li> </ul>	<ul style="list-style-type: none"> <li>• Recognize and respond to the unique needs of substance-exposed newborns and their families</li> <li>• Encourage the use of peer and parent support services where appropriate throughout the service system</li> <li>• Support family intervention initiatives to help both adults and youth enter treatment and maintain recovery.</li> <li>• Assess, plan and implement prevention efforts to reduce the incidence of Fetal Alcohol Spectrum Disorder</li> </ul>
8. Improvements in coordination of referrals for other community resources and supports	<ul style="list-style-type: none"> <li>• Maximize interagency collaboration</li> </ul>	<ul style="list-style-type: none"> <li>• In accordance with Executive Order 496, maximize collaboration among all agencies that serve individuals with addiction problems.</li> </ul>	<ul style="list-style-type: none"> <li>• Increase knowledge, understanding and use of substance abuse resources among all state agencies.</li> <li>• Increase interagency awareness of the needs, cultures and strengths of diverse and special populations.</li> <li>• Offer technical assistance on addictions to all relevant agencies.</li> </ul>

## **Department of Public Health (DPH), State Title V Agency & MECCS**

*Sources:* Massachusetts MCH 2010 Comprehensive Needs Assessment

[www.mass.gov/dph/](http://www.mass.gov/dph/)

Injury Prevention and Control Program State Plan

Youth Violence Prevention Strategic Plan (Draft)

Sexual Violence Prevention Strategic Plan

<http://www.mass.gov/dph/injury>

<http://www.mass.gov/dph/violence>

### *Mission:*

The mission of the Massachusetts Title V agency is to improve and to protect the health and well-being of women, children, and families to achieve their optimal development and health outcomes.

### *Massachusetts Early Childhood Comprehensive Systems (MECCS) Project:*

Funded through the Maternal and Child Health Bureau, MECCS's main goal is to integrate systems of care, health, and education for young children and their families. It seeks to support the development of comprehensive, strength-based, family-centered services whose ultimate goal is a caring, nurturing environment where our state's youngest children grown up healthy and ready to learn.

Both Title V and MECCS are part of the Division of Perinatal, Early Childhood, and Special Health Needs (DPECSHN) in DPH's Bureau of Family Health and Nutrition.

### *Home Visiting Needs Assessment Alignment:*

The MCH Needs Assessment informs how DPH sets priorities to support its mission with a particular focus on services and infrastructure. These priorities are reduced into a top ten priorities list, which are compared against pre-defined National and State Performance Measures. The MCH Needs Assessment priorities were informed by research, data analysis, stakeholder interviews, and focus groups. The 2010 MCH Needs Assessment demonstrates alignment with the Home Visiting Needs Assessment across six of its eight outcome domains: 1) Improvements in maternal and infant health, 2) Improvements in child health, 3) Improvements in child development and school readiness, 4) Prevention of child injuries and maltreatment, 6) Reductions in crime or domestic violence, and 8) Improvements in coordination of referrals for other community resources and supports.

The Division of Violence and Injury Prevention (DVIP) within DPH further demonstrates alignment with the Home Visiting priorities. Working to address many of the Healthy People 2020 Objectives regarding intimate partner violence, child maltreatment, and unintentional injuries, the DVIP continues to work collaboratively with the Title V agency to address the needs of the MCH population. Specific initiatives, such as training MCH providers on DV screening, coordinating the state child fatality review, developing new parent curricula to prevent shaken baby syndrome, and implementing the new bullying prevention legislation are all efforts of the DVIP that also align with the outcome domains specified in the Home Visiting legislation.

The Title V agency's focus on the health needs of women, infants and children, including those with special health care needs, is congruent with many the Home Visiting Needs Assessments outcome domains. The Massachusetts Title V agency considers both the impact of addressing these priorities as well as their feasibility. Furthermore, state and national performance measures are collected and reported to assess progress towards these defined goals. The table below demonstrates how the priorities and



performance measures enumerated in the Massachusetts MCH 2010 Comprehensive Needs Assessment and MECCS priority areas align with the outcome domains in the Home Visiting Needs Assessment.

<b>Home Visiting Needs Assessment Outcome Domains</b>	<b>MA MCH 2010 Comprehensive Needs Assessment Priority</b>	<b>National/State Performance Measures</b>
1. Improvements in maternal and infant health	<ul style="list-style-type: none"> <li>Improve the health and well being of women in their childbearing years</li> <li>Support reproductive and sexual health by improving access to education and services</li> </ul>	SPM1: The percentage of pregnancies among women aged 18 years and older that are intended NPM8: Teen Births ages 15-17 SPM6: Develop an MCH healthy weight measure that aligns with MDPH's overall strategy for promoting healthy weight across all populations
	<b>MECCS:</b> <ul style="list-style-type: none"> <li>Support training and TA on infant and early childhood mental health, maternal depression screening, use of valid tools, effective referrals, and follow up</li> <li>Support infusion of family protective factors approach across systems</li> </ul>	N/A
2. Improvements in child health	<ul style="list-style-type: none"> <li>Promote emotional wellness and social connectedness across the lifespan</li> <li>Expand medical home efforts to focus on systems building and securing access &amp; funding for children and youth</li> </ul>	SPM2: How DPH promotes emotional wellness using data to inform policy and programs; building partnerships; supporting workforce development; improving family support; and raising awareness on a 1-108 scale.
	<b>MECCS:</b> <ul style="list-style-type: none"> <li>Implementation of MassLAUNCH Project and MYCHILD grants</li> <li>Promote state rollout of CSEFEL Positive Behavior support approach</li> </ul>	N/A
3. Improvements in child development and school readiness	<ul style="list-style-type: none"> <li>Support effective transitions from early childhood to school</li> </ul>	NPM5: Children with Special Health Care Needs (CSHCN) community systems ease of use
	<b>MECCS:</b> <ul style="list-style-type: none"> <li>Develop funding sources to increase access to health, mental health, and infant toddler consultation</li> <li>Support the implementation of EEC's Quality Rating and Improvement System</li> </ul>	N/A
4. Prevention of child injuries and maltreatment	<ul style="list-style-type: none"> <li>Reduce unintentional injury and promote healthy behavior choices for adolescents</li> </ul>	NPM10: Motor vehicle deaths 10-14 SPM8: Motor vehicle deaths ages 15-24
6. Reductions in crime or domestic violence	<ul style="list-style-type: none"> <li>Enhance screening for and prevention of violence and bullying</li> </ul>	SPM5: The percentage of School Based Health Center clients for whom an assessment for intimate partner/teen dating/sexual violence was done. SPM9: The percentage of high school students having missed a school day due to feeling unsafe at or on the way to school

Home Visiting Needs Assessment Outcome Domains	MA MCH 2010 Comprehensive Needs Assessment Priority	National/State Performance Measures
8. Improvements in coordination of referrals for other community resources and supports	<ul style="list-style-type: none"> <li>Improve data availability, access, and analytical capacity</li> </ul>	(All measures: Will not be measured directly by the NPM or SPM. Instead, it will be part of the NPM and SPM collection process and one successful outcome of this priority will be the successful collection of all NPM and SPM. It will also be measured against the national data reporting requirements.)
	<b>MECCS:</b> <ul style="list-style-type: none"> <li>Expand professional development registry and training networks</li> <li>Support interagency data sharing agreements</li> </ul>	N/A

### Department of Public Health (DPH), IDEA Part C/Early Intervention (EI)

Source: Massachusetts Part C State Performance Plan, Annual Performance Report  
<http://www.mass.gov/dph/earlyintervention>.

The Massachusetts Department of Public Health (DPH), organized and governed by M.G.L. chapters 17, 111 and 111-111N, is the designated state lead agency for Early Intervention (EI) services, and as such, receives federal funds under Part C of the Individuals with Disabilities Education Act (IDEA). DPH EI provides integrated developmental services to eligible children and their families, between birth and three years of age, for whom there are developmental concerns due to identified disabilities, or whose typical development is at risk due to certain birth or environmental circumstances. EI provides family-centered services that facilitate the developmental progress of eligible children. EI helps children acquire the skills they will need to continue to grow into happy and healthy members of the community.

#### *Vision Statement:*

The Massachusetts EI system supports each child and family's social and emotional well-being and assists in achieving positive development for all children by recognizing and promoting children's earliest relationships and learning within the context of their family, community and culture. The system addresses the mental health of all children enrolled in EI using a consistent and universal approach to screen and support children and families.

#### *Home Visiting Needs Assessment Alignment:*

DPH EI priorities, as outlined in the EI Operational Standards, the FFY 2010 State Performance Plan and Annual Performance Report, align with the Home Visiting Needs Assessment across five of the eight outcome domains: 1) Improvements in maternal and infant health, 2) Improvements in child health, 3) Improvements in child development and school readiness, including improvements in cognitive, language, social-emotional, and physical developmental indicators, 5) Improvements in parenting skills and 8) Improvements in coordination of referrals for other community resources and supports.

DPH recognizes and highlights the importance of the principles of relationship-based practice and reflective supervision within the EI system and provides support and resources to Massachusetts EI

providers to promote the mental health of all children enrolled. In addition, DPH has been very involved in the implementation of the Children's Behavioral Health Initiative (CBHI), and has developed protocols to identify and support young children with behavioral health needs.

<b>Home Visiting Needs Assessment Outcome Domains</b>	<b>DPH EI Goal</b>	<b>DPH EI Performance Indicator</b>
1. Improvements in maternal and infant health	EI Programs address the social and emotional well-being of all children enrolled in EI utilizing a universal approach to screen and support children and families.	<ul style="list-style-type: none"> <li>• Implementation of universal approach to screen and support all eligible children</li> <li>• # of professional development opportunities for enhancing the skills of professionals who provide EI services</li> <li>• # of interagency collaborations that strengthen supports for young children's social-emotional well-being</li> </ul>
2. Improvements in child health	<ul style="list-style-type: none"> <li>• Serve children eligible for EI services</li> <li>• Serve vulnerable populations</li> </ul>	<ul style="list-style-type: none"> <li>• % children by race, language and ethnicity in EI</li> <li>• % of families by income level in EI</li> <li>• % of public vs. private insurance</li> </ul>
3. Improvements in child development and school readiness, including improvements in cognitive, language, social-emotional, and physical developmental indicators	Improve child developmental outcomes	Percent of infants and toddlers with IFSPs who demonstrate improved: <ul style="list-style-type: none"> <li>• Positive social-emotional skills</li> <li>• Acquisition and use of knowledge &amp; skills</li> <li>• Use of appropriate behaviors to meet their needs</li> </ul>
5. Improvements in parenting skills	Ensure family involvement and empowerment in EI services	Percent of families participating in EI who report that EI services have helped the family: <ul style="list-style-type: none"> <li>• Know their rights</li> <li>• Effectively communicate their children's needs</li> <li>• Help their children develop and learn</li> </ul>
8. Improvements in coordination of referrals for other community resources and supports	Regional Consultation Programs and EI providers identify and refer families to appropriate community resources	# of referrals from EI to other Division for Perinatal , Early Childhood & Special Health Needs programs as well as other community resources at discharge

## **Children's Trust Fund (CTF), Title II of CAPTA**

*Source:* CBCAP Application FFY2010 Part III Section G: Additional Application Requirements  
<http://www.mctf.org/index.aspx>

### *Mission:*

The Massachusetts Children's Trust Fund (CTF) leads statewide efforts to prevent child abuse and neglect by supporting parents and strengthening families. As an umbrella organization, CTF funds, evaluates, and promotes the work of over 100 agencies that serve parents. Supported by private organizations as well as state and federal funding, CTF invests in Massachusetts' children and their families.

### *Home Visiting Needs Assessment Alignment:*

CTF structures child abuse prevention services and strategies across Massachusetts based on "It's Never too Soon. A Blueprint for Preventing Child Abuse by Strengthening Massachusetts Families." This document builds upon the recognition that preventing child abuse must involve strengthening families and the communities in which they live. Based off the "Blueprint" strategies, CTF has developed more

specific initiatives, which are informed by *Principles of Family Support* and *Identified Protective Factors*, to determine which community-based agencies will receive funding to provide services and activities. As demonstrated by the Strategies, Initiatives, Principles of Family Support and Identified Protective Factors, CTF is aligned with the Home Visiting Needs Assessment across five of eight outcome domains: 2) Improvements in child health, 4) Prevention of child injuries and maltreatment, 5) Improvements in parenting skills, 7) Improvements in economic self-sufficiency and 8) Improvements in coordination of referrals for other community resources and supports.

Home Visiting Needs Assessment Outcome Domains	“Blueprint” Strategies	Initiatives	Principles of Family Support (PFS) /Identified Protective Factors (IPF)
2. Improvements in child health	Empowering, teaching, and protecting children	Initiatives to increase children’s knowledge, skills and self-esteem for fullest development of their potential	<ul style="list-style-type: none"> <li>• IPF: Knowledge of child development and parenting</li> <li>• IPF: The social and emotional development of children</li> <li>• PFS: All family members are welcome to use the Family Support programs and resources</li> </ul>
4. Prevention of child injuries and maltreatment	Promoting public awareness and cultural values	Initiatives to promote public awareness and cultural values which discourage child abuse and support the needs and diversity of families and children	<ul style="list-style-type: none"> <li>• IPF: Concrete support in times of need</li> <li>• IPF: Knowledge of child development and parenting</li> </ul>
5. Improvements in parenting skills	Supporting parents and families	Initiatives to educate and support parents, and to strengthen and expand services to families	<ul style="list-style-type: none"> <li>• IPF: Parental resilience</li> <li>• PFS: The strengths of parents and families are recognized and provide a foundation to support families</li> </ul>
7. Improvements in family economic self-sufficiency	Reducing social stress	Initiatives to strengthen communities, increase social support, and reduce external stress on families by assuring economic self-sufficiency, affordable housing, basic health care and child care	<ul style="list-style-type: none"> <li>• IPF: Social connections</li> <li>• IPF: Concrete support in times of need</li> <li>• PFS: Family Support programs are responsive to the practical needs of parents who participate: such as child care while parents are in programs, scholarships when programs charge fees, food/meals as part of program activities, transportation as needed and convenient meeting times.</li> </ul>
8. Improvements in coordination of referrals for other community resources and supports	Promoting public awareness and cultural values	Initiatives to promote public awareness and cultural values which discourage child abuse and support the needs and diversity of families and children	<ul style="list-style-type: none"> <li>• PFS: Family support programs serve as a bridge between families and other resources in the community</li> </ul>

## Executive Office of Public Safety & Security (EOPSS), STOP Violence Against Women

Source: 2005 Violence Against Women Act, Massachusetts Violence Against Women Act Services Training Officers Prosecutors (STOP) sub-recipient Annual Progress Reports

*Mission:*

The Massachusetts STOP Grant program supports communities in their efforts to develop and strengthen effective law enforcement and prosecution strategies to combat violent crimes against women and to develop and strengthen victim services in cases involving violent crimes against women.

*Home Visiting Needs Assessment Alignment:*

The Massachusetts STOP Violence Against Women program priorities align with the Home Visiting Needs Assessment across two of the eight outcome domains: 6) Reductions in crime and domestic violence and 8) Improvements in coordination of referrals for other community resources and supports. With a primary focus on public safety and security, EOPSS and the STOP Violence Against Women program strive to promote additional outcome domains such as the prevention of child injuries and maltreatment and improvements in maternal and child health. The table below shows the priorities and performance indicators from EOPSS's annual progress report and how they align with the Home Visiting Needs Assessment Outcome Domains.

<b>Home Visiting Needs Assessment Outcome Domains</b>	<b>EOPSS Priorities</b>	<b>EOPSS Goals or Performance Indicators</b>
6. Reductions in crime or domestic violence	<ul style="list-style-type: none"> <li>Enhance capacity of community-based victim service agencies to provide direct services and shelter to women and children who are victims of domestic violence/sexual violence</li> <li>Support outreach and education efforts to law enforcement, health and human service organizations, faith-based communities, courts, prosecution and community-based providers on available services to victims of domestic violence and sexual assault within various communities</li> <li>Fund specially trained personnel within victim service agencies, police and district attorney offices and courts to work with victims of sexual and domestic violence during criminal proceedings and support the development and implementation of strong policies in holding perpetrators accountable of these crimes</li> </ul>	Annual Progress Report ques. #  12: Training events provided 25: Number of primary victims served 26: Number of secondary victims served 30A: Type of services rendered 30B: Shelter services 31. Protection Orders requested and granted 37A: Number of cases received, accepted for prosecution 38. Disposition of case
8. Improvements in coordination of referrals for other community resources and supports	<ul style="list-style-type: none"> <li>Ensure all sub-recipients to demonstrate coordinated community response in implementing grant-funded project through Memorandum of Agreements and Letters of Support</li> </ul>	Annual Progress Report ques. #  15. Coordinated community response activities